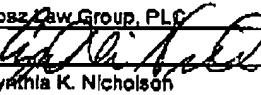
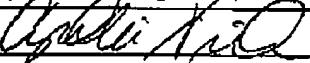


JUL 23 2008

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/692,793
		Filing Date	10/27/2003
		First Named Inventor	Lee
		Art Unit	2176
		Examiner Name	Quoc A. TRAN
		Total Number of Pages in This Submission	11

<b>ENCLOSURES</b> <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Pre-Appeal Brief Request for Review Form (1 page) (2) Pre-Appeal Brief Request for Review (5 pages) (3) Form PTO-2038 Credit Card Payment	
		Remarks	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Posz Law Group, PLLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	23 July 2008	Reg. No.	36,880

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (571.273.8300) on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	23 July 2008

JUL 23 2008

<b>FEE TRANSMITTAL</b>		Application Number	10/692,793
		Filing Date	10/27/2003
		First Named Inventor	Lee
		Examiner Name	Quoc A. TRAN
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2176
TOTAL AMOUNT OF PAYMENT (\$ 780		Attorney Docket No.	113708.129

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account. Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION																																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																			
		SEARCH FEES		EXAMINATION FEES																															
		Small Entity	Small Entity	Small Entity	Small Entity																														
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)																														
Utility	300	150	500	250	200																														
Design	200	100	100	50	130																														
Plant	200	100	300	150	160																														
Reissue	300	150	500	250	600																														
Provisional	160	80	0	0	0																														
<b>2. EXCESS CLAIM FEES</b> <b>Fee Description</b> Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims <table border="1"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Small Entity</td> </tr> <tr> <td>- 20 or HP =</td> <td>x</td> <td>-</td> <td>-</td> <td>Fee (\$)</td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 20</td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> </tr> <tr> <td>- 3 or HP =</td> <td>x</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>HP = highest number of independent claims paid for, if greater than 3</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	- 20 or HP =	x	-	-	Fee (\$)	HP = highest number of total claims paid for, if greater than 20				Fee (\$)	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		- 3 or HP =	x	-	-		HP = highest number of independent claims paid for, if greater than 3				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity																															
- 20 or HP =	x	-	-	Fee (\$)																															
HP = highest number of total claims paid for, if greater than 20				Fee (\$)																															
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																
- 3 or HP =	x	-	-																																
HP = highest number of independent claims paid for, if greater than 3																																			
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity) for each additional 60 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(e). <table border="1"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 60 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/ 60 =</td> <td>(round up to a whole number) x</td> <td>-</td> <td>-</td> </tr> </table>						Total Sheets	Extra Sheets	Number of each additional 60 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 60 =	(round up to a whole number) x	-	-																				
Total Sheets	Extra Sheets	Number of each additional 60 or fraction thereof	Fee (\$)	Fee Paid (\$)																															
- 100 =	/ 60 =	(round up to a whole number) x	-	-																															
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other: <u>Notice of Appeal Fee (small entity) – charge to Credit Card on Form PTO-2098</u> <u>255.00</u> Other: <u>Petition for Extension of Time, Three months (small entity) – charge to Deposit Account</u> <u>525.00</u>																																			

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson		Date	23 July 2008	